

S. No. 2
M-8-43
5-17-39
#1 X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6970**
Registrar's No. **1503**

FILED MAR 8 1945
Registration District No. **300**

Primary Registration District No. **6043**

1. PLACE OF DEATH:
(a) County **Ripley**
(b) City or town **South of Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **5 miles North of Naylog**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **75 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Ripley 9!**
(c) City or town **5 mi N of Naylog**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARVIN ANDREW RUSSELL**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **male** **5. Color or race** **white**
6. (a) Single, widowed, married, **2 divorced Widowed**
6. (c) Age of husband or wife if _____
7. Birth date of deceased **Mar 14 1862**
(Month) (Day) (Year)

8. AGE: Years **82** Months **10** Days **7**
If less than one day _____ hr. _____ min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Dr. Wm. Russell**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jim Russell**

(b) Address **Naylog Mo**

17. (a) Burial **(b) Date thereof** **1-25-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jones Cemetery**

18. (a) Signature of funeral director **Margie Dick**

(b) Address **Naylog Mo**

19. (a) Jan 22-45 **(b) Betha White**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **21**
year **1945** hour **4** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **Jan 18** 19**45** to **Jan 21** 19**45**
that I last saw him alive on **Jan 18** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **labor pneumonia**
Duration _____

Due to _____
Due to _____

Other conditions **strangulated**
(Include pregnancy within 3 months of death)
hernia with

Major findings: **peritonitis**

Of operations _____
Of autopsy **no**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature **Russell** (M. D. or other) _____
Address **Naylog** Date signed **2/1/45**

RECEIVED

District Health Officer No. 5,

District File Number 345146

Date Filed 3. 7. 45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bryan Mc Cord

Licensed Embalmer No. 4979

P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.